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2. The work under consideration for publication.
3. Relevant financial activities outside the submitted work.
5. Relationships not covered above.

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**Royalties:** Funds are coming in to you or your institution due to your patent
# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. **Given Name (First Name)**
   - Jonathan

2. **Surname (Last Name)**
   - Edgington

3. **Date**
   - 22-February-2017

4. **Are you the corresponding author?**
   - [ ] Yes
   - ✔ No

   **Corresponding Author's Name**
   - Michael Petravick

5. **Manuscript Title**
   - Preferably Not My Surgery: A Survey of Patient and Family Member Comfort with Concurrent and Overlapping Surgeries

6. **Manuscript Identifying Number (if you know it)**

## Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?

- [ ] Yes
- ✔ No

## Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest?

- [ ] Yes
- ✔ No

## Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?

- [ ] Yes
- ✔ No
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Dr. Edgington has nothing to disclose.

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4. **Intellectual Property.**

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Olumuyiwa
2. Surname (Last Name)  Idowu
3. Date  22-February-2017
4. Are you the corresponding author?  Yes  ✔  No
5. Manuscript Title
Preferably Not My Surgery: A Survey of Patient and Family Member Comfort with Concurrent and Overlapping Surgeries
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Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?  Yes  ✔  No

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Are there any relevant conflicts of interest?  Yes  ✔  No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  ✔  No
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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Idowu has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Michael

2. Surname (Last Name)  
   Lee

3. Date  
   24-February-2017

4. Are you the corresponding author?  
   Yes  ✔ No

   Corresponding Author’s Name  
   Michael Petravick

5. Manuscript Title  
   Preferably Not My Surgery: A Survey of Patient and Family Member Comfort with Concurrent and Overlapping Surgeries

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?  
   Yes  ✔ No

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Are there any relevant conflicts of interest?  
   Yes  ✔ No

If yes, please fill out the appropriate information below.

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<th>Name of Entity</th>
<th>Grant</th>
<th>Personal Fees</th>
<th>Non-Financial Support</th>
<th>Other</th>
<th>Comments</th>
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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
   Yes  ✔ No
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Dr. Lee reports personal fees from Striker Spine Depuy Synthes, grants from Scoliosis Research Society, outside the submitted work.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Michael
2. Surname (Last Name)  Petravick
3. Date  22-February-2017
4. Are you the corresponding author?  Yes  No

5. Manuscript Title
Preferably Not My Surgery: A Survey of Patient and Family Member Comfort with Concurrent and Overlapping Surgeries

6. Manuscript Identifying Number (if you know it)

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### Section 1. Identifying Information

1. **Given Name (First Name)**
   - Lewis

2. **Surname (Last Name)**
   - Shi

3. **Date**
   - 22-February-2017

4. **Are you the corresponding author?**
   - Yes [✓] No

   **Corresponding Author’s Name**
   - Michael Petravick

5. **Manuscript Title**
   - Preferably Not My Surgery: A Survey of Patient and Family Member Comfort with Concurrent and Overlapping Surgeries

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Are there any relevant conflicts of interest?  [No] Yes

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Dr. Shi has nothing to disclose.

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